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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)						SERIAL NO.		FILE NO.	
						APPLICANT'S			
CLAIMS									
	AS FILED		AFTER 1st ALLOWMENT		AFTER 2nd ALLOWMENT				
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.
1							61		
2							62		
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40							100		
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45									
46									
47									
48									
49									
50									
TOTAL NO.	36						TOTAL NO.		
TOTAL OFF.	30						TOTAL OFF.		
TOTAL FEE	36						TOTAL FEE		